

## PART B - FEE(S) TRANSMITTAL



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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTO		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/614,816	07/09/2003	Tomoyuki k			240053US2	8007	
TITLE OF INVENTION: TOOL	APPARATUS AND METH	OD FOR MEASU	JRING AMOUNT (	OF PROJECTION OF	ABRASIVE GRAIN ON C	GRINDING	
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	nonprovisional YES \$700			\$300	\$1000	06/23/2006	
EXAMINER		ART UN	IT C	LASS-SUBCLASS			
PHAM, HOA Q		2877		356-600000			
<ol> <li>Change of correspondence address or indication of "Fee Address" (3' CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.</li> </ol>			(1) the names of or agents OR, alte (2) the name of a registered attorne 2 registered pater listed, no name w	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
PLEASE NOTE: Unler recordation as set forth (A) NAME OF ASSIGN President of	D RESIDENCE DATA TO E ss an assignee is identified b in 37 CFR 3.11. Completion NEE Sasebo National te assignee category or category	elow, no assignee of this form is NO.	data will appear on Ta substitute for filit (B) RESIDENCE: ( of Technolo	the patent. If an assign an assignment.  CITY and STETAL OF EAST OF STATE O	BBUNBEYENE2 00000040 GHasebo City, J	10614816 APAN 780.00 OP	
4a. The following fee(s) ar	small entity discount permitt		<ul> <li>b. Payment of Fee(s):</li> <li>A check in the amount of the fee(s) is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form).</li> </ul>				
a. Applicant claims	s (from status indicated above SMALL ENTITY status. See	37 CFR 1.27.			LL ENTITY status. See 37		
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Authorized Signature representations				Date	MAY 0.9 2	2006	
Typed or printed name Joseph Scafetta, Jr.				Registration 1			
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